

# BUREAU OF STATISTICS AND PLANS

(Bureau of Planning)

Government of Guam



Felix P. Camacho  
Governor of Guam

Michael W. Cruz, M.D.  
Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 472-4201/3

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Alberto "Tony" Lamorena V  
Director

COPY

Office of the Speaker **JAN 24 2008**  
MARK FORBES

Date: 1-28-08

Time: 2:30

Rec'd by: LT Quickcheck

Print Name: LT Quickcheck

The Honorable Mark Forbes  
Speaker  
I Mina'Benti Nuebi na Liheslaturan Guahan  
155 Hesler Street  
Hagatna, Guam 96910

RE: Submission of FY 2008 1<sup>st</sup> Quarter Funding/Expenditure Report

Dear Speaker Forbes:

Pursuant to Chapter VII, Section 2 – Reporting Requirements, of Public Law 29-19, we are hereby submitting our *FY 2008 1st Quarter Funding/Expenditure Report*.

Attached, please find the following reports:

1. FY 2008 Budget and Expenditure Report as of 12/31/07 (Local appropriation)
2. Current staffing patterns (Local and Federal Funds)
3. Financial Status Reports for the period covering 10/01/07 to 12/31/07, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly Financial Status report.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

ALBERTO A. LAMORENA V  
Director

**RECEIVED**  
OFFICE OF THE PUBLIC AUDITOR

DATE: 1/28/2008

TIME: 2:33 PM

BY: check

Enclosures

Cc: Director, Bureau of Budget and Management Research  
Public Auditor, Office of the Public Auditor

**FISCAL YEAR 2008  
DEPARTMENTAL SUMMARY  
As of: December 31, 2007**

Department: **BUREAU OF STATISTICS AND PLANS**  
Division: **SUMMARY**  
Account No.:

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J) Projected Lapse/ Shortfall
111 Salary	805,675.00	526,887.00	278,788.00	214,483.14	30,796.80	30,796.80	30,796.80	591,298.56	0.00	(106,701)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	259,591.00	169,733.00	89,858.00	61,609.77	8,888.61	8,888.61	8,888.61	170,661.31	0.00	0.00
<b>TOTAL Persvs</b>	<b>1,065,266.00</b>	<b>696,620.00</b>	<b>368,646.00</b>	<b>276,092.91</b>	<b>39,685.41</b>	<b>39,685.41</b>	<b>39,685.41</b>	<b>761,959.87</b>	<b>0.00</b>	<b>27,319.92</b>
220 Travel	0.00	0.00	0.00	0.00					0.00	27,213.22
230 Contract	10,956.00	10,956.00	0.00	0.00					0.00	0.00
233 Rent	15,000.00	0.00	15,000.00	11,900.00					10,956.00	0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					3,100.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					5,000.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	4,000.00	2,000.00	2,000.00	2,000.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					2,000.00	0.00
363 Tele.	7,400.00	1,400.00	6,000.00	6,000.00					1,400.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
<b>TOTAL Ops</b>	<b>42,356.00</b>	<b>19,356.00</b>	<b>23,000.00</b>	<b>19,900.00</b>					<b>22,456.00</b>	<b>0.00</b>
<b>TOTALS</b>	<b>1,107,622.00</b>	<b>715,976.00</b>	<b>391,646.00</b>	<b>295,992.91</b>	<b>39,685.41</b>	<b>39,685.41</b>	<b>39,685.41</b>	<b>761,959.87</b>	<b>22,456.00</b>	<b>27,213.22</b>

**BUDGET NOTES:**

Department: BUREAU OF STATISTICS AND PLANS  
Division: ADMINISTRATION  
Account No.: 5100A080905GA001

FISCAL YEAR 2008  
PROJECTED REQUIREMENTS  
As of: December 31, 2007

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allocations (B-C)	Year to Date Exp./Enumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg Pp Requirement (F+G)/2	Personnel Projected Pp remaining x column H	Requirements	(C+D-E-I-J) Projected Lapse/ Shortfall
111 Salary	257,414.00	168,309.00	88,105.00	71,946.34	9,866.40	9,866.40	9,866.40	188,434.88	0.00	(3,967.22)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	81,993.00	53,611.00	28,382.00	19,671.19	2,698.77	2,698.77	2,698.77	51,816.38	0.00	10,505.43
TOTAL PersVrs	339,407.00	221,920.00	117,487.00	91,617.53	12,565.17	12,565.17	12,565.17	241,251.26	0.00	6,538.21
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	10,956.00	10,956.00	0.00	0.00					0.00	0.00
233 Rent	15,000.00	0.00	15,000.00	11,900.00					10,956.00	0.00
240 Supplies	5,000.00	5,000.00	0.00	0.00					3,100.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					5,000.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	4,000.00	2,000.00	2,000.00	2,000.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					2,000.00	0.00
363 Tele.	7,400.00	1,400.00	6,000.00	6,000.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					1,400.00	0.00
TOTAL Ops	42,356.00	19,356.00	23,000.00	19,900.00					22,456.00	0.00
TOTALS	381,763.00	241,276.00	140,487.00	111,517.53	12,565.17	12,565.17	12,565.17	241,251.26	22,456.00	6,538.21

**FISCAL YEAR 2008  
PROJECTED REQUIREMENTS  
As of: December 31, 2007**

Department: BUREAU OF STATISTICS AND PLANAS  
Division: PLANNING INFORMATION PROGRAM  
Account No.: 5100A080910SE004

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B-C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - J) Projected Lapser/Shortfall
111 Salary	184,261.00	120,478.00	63,783.00	49,470.40	7,067.20	7,067.20	7,067.20	135,690.24	0.00	(999.64)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	56,513.00	36,951.00	19,562.00	14,238.20	2,081.36	2,081.36	2,081.36	39,882.11	0.00	2,312.69
<b>TOTAL Pers/S</b>	<b>240,774.00</b>	<b>157,429.00</b>	<b>83,345.00</b>	<b>63,708.60</b>	<b>9,148.56</b>	<b>9,148.56</b>	<b>9,148.56</b>	<b>175,652.35</b>	<b>0.00</b>	<b>1,413.05</b>
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub. Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-Test	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
<b>TOTAL Opers</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>					<b>0.00</b>	<b>0.00</b>
<b>TOTALS</b>	<b>240,774.00</b>	<b>157,429.00</b>	<b>83,345.00</b>	<b>63,708.60</b>	<b>9,148.56</b>	<b>9,148.56</b>	<b>9,148.56</b>	<b>175,652.35</b>	<b>0.00</b>	<b>1,413.05</b>

Department: BUREAU OF STATISTICS AND PLANS  
Division: SOCIO-ECONOMIC PLANNING PROGRAM  
Account No.: 5100A080920SE005

FISCAL YEAR 2008  
PROJECTED REQUIREMENTS  
As of: December 31, 2007

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allocations (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected remaining x column H	Requirements	(C + D - E - J) Projected Lapse/Shortfall
111 Salary	103,036.00	67,369.00	35,667.00	27,742.40	3,963.20	3,963.20	3,963.20	76,093.44	0.00	(799.84)
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	29,395.00	19,220.00	10,175.00	6,957.44	993.92	993.92	993.92	19,083.26	0.00	3,354.30
TOTAL Persys	132,431.00	86,589.00	45,842.00	34,699.84	4,957.12	4,957.12	4,957.12	95,176.70	0.00	2,554.46
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
290 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	132,431.00	86,589.00	45,842.00	34,699.84	4,957.12	4,957.12	4,957.12	95,176.70	0.00	2,554.46

Department: BUREAU OF STATISTICS AND PLANS  
Division: CHIEF ECONOMIST OFFICE  
Account No.: 5100A080904GA001

FISCAL YEAR 2008  
PROJECTED REQUIREMENTS  
As of: December 31, 2007

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allocation (B - C)	Year to Date Exp/Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg pp Requirement (F+G)/2	Personnel Projected PP remaining x column H	Requirements	(C + D - E - I - J) Projected Lapse/Shortfall
111 Salary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PersSvs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
220 Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
230 Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
233 Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
280 Sub. Rec.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
271 Drug-test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
361 Power	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
362 Water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
363 Tele	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Department: BUREAU OF STATISTICS AND PLANS  
Division: BUSINESS AND ECONOMIC STATISTICS PROGRAM  
Account No.: 5100A080932E1001

FISCAL YEAR 2008  
PROJECTED REQUIREMENTS  
As of: December 31, 2007

A	B	C	D	E	F	G	H	I	J	K
Account Code	Budget Acts Appropriations P.L.	Reserve	FY 2008 Allotments (B - C)	Year to Date Exp./Encumb. As of:	Pay Period LABOR	Pay Period LABOR	Avg PP Requirement (F+G)/2	Personnel Projected remaining PP remaining H	Requirements	(C + D - E - J) Projected Lapse/ Shortfall
111 Salary	260,964.00	170,731.00	90,233.00	65,324.00	9,900.00	9,900.00	9,900.00	190,080.00	0.00	5,560.00
112 OT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
113 Benefits	91,690.00	59,951.00	31,739.00	20,742.94	3,114.56	3,114.56	3,114.56	59,799.55	0.00	11,147.51
TOTAL Pers/Sys	352,654.00	230,682.00	121,972.00	86,066.94	13,014.56	13,014.56	13,014.56	249,879.55	0.00	16,707.51
220 Travel	0.00	0.00	0.00	0.00					0.00	0.00
230 Contract	0.00	0.00	0.00	0.00					0.00	0.00
233 Rent	0.00	0.00	0.00	0.00					0.00	0.00
240 Supplies	0.00	0.00	0.00	0.00					0.00	0.00
250 Equip.	0.00	0.00	0.00	0.00					0.00	0.00
280 Sub Rec.	0.00	0.00	0.00	0.00					0.00	0.00
271 Drug-Test.	0.00	0.00	0.00	0.00					0.00	0.00
361 Power	0.00	0.00	0.00	0.00					0.00	0.00
362 Water	0.00	0.00	0.00	0.00					0.00	0.00
363 Tele.	0.00	0.00	0.00	0.00					0.00	0.00
450 Cap. Out.	0.00	0.00	0.00	0.00					0.00	0.00
TOTAL Opers	0.00	0.00	0.00	0.00					0.00	0.00
TOTALS	352,654.00	230,682.00	121,972.00	86,066.94	13,014.56	13,014.56	13,014.56	249,879.55	0.00	16,707.51



**BUREAU OF STATISTICS AND PLANS**  
**FY 2008 BUDGET AND EXPENDITURE REPORT**  
As of: January 1, 2008

Account Number	Object Class	Object Code	Appropriation	Y-T-D Allotment	Y-T-D Exp./Enc.	Funds Available:	*-Per payperiod Expenditure	Total proj. Req. for rem. of FY 2008	** -Anticipated Lapses/Shortfall	Unallotted Balance:
<b>PERSONNEL SERVICES</b>										
<b>Administration</b>										
5100A080900GA001-111	Salaries	111	\$257,414.00	\$89,105.00	\$71,946.34	\$17,158.66	\$9,866.40	\$189,434.88	(\$3,967.22)	\$168,309.00
5100A080900GA001-113	Benefits	113	\$81,993.00	\$28,382.00	\$19,671.19	\$8,710.81	\$2,698.77	\$51,816.38	\$10,505.43	\$53,611.00
<b>Planning Information Program</b>										
5100A080910SE004-111	Salaries	111	\$184,261.00	\$63,783.00	\$49,470.40	\$14,312.60	\$7,067.20	\$135,690.24	(\$899.64)	\$120,478.00
5100A080910SE004-113	Benefits	113	\$56,513.00	\$19,562.00	\$14,238.20	\$5,323.80	\$2,081.36	\$39,962.11	\$2,312.69	\$36,951.00
<b>Socio-Economic Planning Program</b>										
5100A080920SE005-111	Salaries	111	\$103,036.00	\$35,667.00	\$27,742.40	\$7,924.60	\$3,963.20	\$76,093.44	(\$799.84)	\$67,369.00
5100A080920SE005-113	Benefits	113	\$29,395.00	\$10,175.00	\$6,957.44	\$3,217.56	\$993.92	\$19,083.26	\$3,354.30	\$19,220.00
<b>Chief Economist's Office</b>										
5100A080904GA001-111	Salaries	111	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-113	Benefits	113	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Business &amp; Economic Statistics Program</b>										
5100A080932E1001-111	Salaries	111	\$260,964.00	\$90,233.00	\$65,324.00	\$24,909.00	\$9,900.00	\$190,080.00	\$5,560.00	\$170,731.00
5100A080932E1001-113	Benefits	113	\$91,690.00	\$31,739.00	\$20,742.94	\$10,996.06	\$3,114.56	\$59,799.55	\$11,147.51	\$59,951.00
Sub-total:			\$1,065,266.00	\$368,646.00	\$276,092.91	\$92,553.09	\$39,685.41	\$761,959.87	\$27,213.22	\$696,620.00
<b>OPERATIONS</b>										
<b>Administration</b>										
5100A080900GA001-220	Travel	220	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-230	Contractual	230	\$10,956.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,956.00	\$10,956.00
5100A080900GA001-233	Rent	233	\$15,000.00	\$15,000.00	\$11,900.00	\$3,100.00	\$2,380.00	\$3,100.00	\$3,100.00	\$0.00
5100A080900GA001-240	Supplies	240	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00
5100A080900GA001-250	Equipment	250	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-271	Drug-Test	271	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080900GA001-361	Power	361	\$4,000.00	\$2,000.00	\$2,000.00	\$0.00	\$400.00	\$0.00	\$2,000.00	\$2,000.00
5100A080900GA001-363	Telephone	363	\$7,400.00	\$6,000.00	\$6,000.00	\$0.00	\$1,200.00	\$0.00	\$1,400.00	\$1,400.00
Sub-total:			\$42,356.00	\$23,000.00	\$19,900.00	\$3,100.00	\$3,980.00	\$3,100.00	\$22,456.00	\$19,356.00
<b>Chief Economist's Office</b>										
5100A080904GA001-230	Contractual	230	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-240	Supplies	240	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5100A080904GA001-363	Telephone	363	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL:			\$1,107,622.00	\$391,646.00	\$295,992.91	\$95,653.09	\$43,665.41	\$765,059.87	\$49,669.22	\$715,976.00



	Administration		Chief Economist's Office		Planning Information		Socio-Economic Planning		Bus. Economic Statistics	
	<b>SALARIES</b>	<b>BENEFITS</b>	<b>SALARIES</b>	<b>BENEFITS</b>	<b>SALARIES</b>	<b>BENEFITS</b>	<b>SALARIES</b>	<b>BENEFITS</b>	<b>SALARIES</b>	<b>BENEFITS</b>
<b>Appropriation</b>	<b>\$257,414.00</b>	<b>\$81,993.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$184,261.00</b>	<b>\$56,513.00</b>	<b>\$103,036.00</b>	<b>\$29,395.00</b>	<b>\$260,964.00</b>	<b>\$91,690.00</b>
10/13/2007	\$9,866.40	\$2,698.77			\$7,067.20	\$2,081.36	\$3,963.20	\$993.92	\$7,928.00	\$2,589.10
J080600004	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$1,940.00	\$517.40
10/27/2007	\$11,806.40	\$3,216.07			\$7,067.20	\$2,081.36	\$3,963.20	\$993.92	\$7,928.00	\$2,589.10
11/10/2007	\$11,806.40	\$3,185.03			\$6,231.48	\$1,868.08	\$3,963.20	\$993.92	\$7,928.00	\$2,558.06
	\$0.00	\$31.04			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31.04
11/24/2007	\$9,866.40	\$2,683.25			\$6,084.00	\$1,764.47	\$3,963.20	\$993.92	\$9,900.00	\$3,068.00
	\$0.00	\$15.52			\$1,818.92	\$198.85	\$0.00	\$0.00	\$0.00	\$46.56
12/8/2007	\$9,441.13	\$2,590.24			\$7,067.20	\$2,081.36	\$3,963.20	\$993.92	\$9,900.00	\$3,114.56
12/22/2007	\$9,293.21	\$2,536.98			\$7,067.20	\$2,081.36	\$3,963.20	\$993.92	\$9,900.00	\$3,068.00
	\$0.00	\$15.52			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46.56
1/5/2007	\$9,866.40	\$2,698.77			\$7,067.20	\$2,081.36	\$3,963.20	\$993.92	\$9,900.00	\$3,114.56
1/19/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/2/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2/16/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3/1/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3/15/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3/29/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4/12/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4/26/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5/10/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5/24/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6/7/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6/21/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7/5/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7/19/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/2/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/16/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8/30/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/13/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/27/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9/30/2007	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Expenses:	\$71,946.34	\$19,671.19	\$0.00	\$0.00	\$49,470.40	\$14,238.20	\$27,742.40	\$6,957.44	\$65,324.00	\$20,742.94
Avail. Balance:	\$185,467.66	\$62,321.81	\$0.00	\$0.00	\$134,790.60	\$42,274.80	\$75,293.60	\$22,437.56	\$195,640.00	\$70,947.06
Proj. Requirement	\$189,434.88	\$51,816.38	\$0.00	\$0.00	\$135,690.24	\$39,962.11	\$76,093.44	\$19,083.26	\$190,080.00	\$59,799.55
Year End Projection	(\$3,967.22)	\$10,505.43	\$0.00	\$0.00	(\$89.64)	\$2,312.69	(\$79.84)	\$3,354.30	\$5,560.00	\$11,147.51

**YEAR END PROJECTION TOTALS:**

**\$27,213.22**

Run Date : 1/21/08  
Run Time : 15:22:57

STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

Page : 1  
Program: FRTAPRN

User ID : BOPCVART  
To date : 12/2007  
Account : 5100A0809  
Dept/Division :

Exclude Object Codes:

Account Number	Account Name	YTD Allocation	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<b>TOT APPROPRIATION</b>						
5100A080900GA001111 ADMINISTRATION		69,304.00	62,079.94		7,224.06	188,110.00
5100A080900GA001113 ADMINISTRATION		22,075.00	16,972.42		5,102.58	59,918.00
5100A080900GA001230 ADMINISTRATION		10,956.00				10,956.00
5100A080900GA001233 ADMINISTRATION		15,000.00				
5100A080900GA001240 ADMINISTRATION		5,000.00				
5100A080900GA001271 ADMINISTRATION						
5100A080900GA001361 ADMINISTRATION		2,000.00	999.31	1,000.69		2,000.00
5100A080900GA001363 ADMINISTRATION		6,000.00	1,363.17	4,636.83		1,400.00
<b>GA001 PROGRAM TOTALS</b>	<b>Count: 8</b>	<b>81,414.84</b>	<b>81,414.84</b>	<b>20,637.52</b>	<b>12,326.64</b>	<b>267,384.00</b>
<b>00 DIVISION TOTALS</b>	<b>Count: 8</b>	<b>81,414.84</b>	<b>81,414.84</b>	<b>20,637.52</b>	<b>12,326.64</b>	<b>267,384.00</b>
5100A080910SE004111 PLANNING INFORMATION		49,609.00	42,403.20		7,205.80	134,652.00
5100A080910SE004113 PLANNING INFORMATION		15,215.00	12,156.84		3,058.16	41,298.00
<b>SR004 PROGRAM TOTALS</b>	<b>Count: 2</b>	<b>54,824.00</b>	<b>54,560.04</b>		<b>10,263.96</b>	<b>175,950.00</b>
<b>10 DIVISION TOTALS</b>	<b>Count: 2</b>	<b>54,824.00</b>	<b>54,560.04</b>		<b>10,263.96</b>	<b>175,950.00</b>
5100A080920SE005111 SOCIAL ECONOMIC PLANNING		27,741.00	23,779.20		3,961.80	75,295.00
5100A080920SE005113 SOCIAL ECONOMIC PLANNING		7,914.00	5,963.52		1,950.48	21,481.00
<b>SR005 PROGRAM TOTALS</b>	<b>Count: 2</b>	<b>29,742.72</b>	<b>29,742.72</b>		<b>5,912.28</b>	<b>96,776.00</b>
<b>20 DIVISION TOTALS</b>	<b>Count: 2</b>	<b>29,742.72</b>	<b>29,742.72</b>		<b>5,912.28</b>	<b>96,776.00</b>
5100A080932E1001111 BUSINESS & ECONOMIC STATISTICS		70,159.00	55,424.00		14,735.00	190,805.00
260,964.00						

Run Date : 1/21/08  
Run Time : 15:22:57

STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

Page : 2  
Program : FRPAPPN

User ID : BOPCUART  
To date : 12/2007  
Account : 5100A0809  
Dept/Division :

Exclude Object Codes:

Account Number	Account Name	YTD Allotment	YTD Expenditures	O/S Encumbrance	Available Funds	Unallotted Balance
<u>Tot Appropriation</u>						
5100A080932B1001113	BUSINESS & ECONOMIC STATISTICS	24,686.00	17,628.28		7,057.72	67,004.00
91,690.00						
<u>PROGRAM TOTALS</u>						
352,654.00	Count: 2	94,845.00	73,052.28		21,792.72	257,809.00
<u>DIVISION TOTALS</u>						
352,654.00	Count: 2	94,845.00	73,052.28		21,792.72	257,809.00
<u>DEPARTMENT TOTALS</u>						
1,107,622.00	Count: 14	309,703.00	238,769.88	20,637.52	50,295.60	797,919.00
<u>AFTY+FY TOTALS</u>						
1,107,622.00	Count: 14	309,703.00	238,769.88	20,637.52	50,295.60	797,919.00
<u>FUND TOTALS</u>						
1,107,622.00	Count: 14	309,703.00	238,769.88	20,637.52	50,295.60	797,919.00
<u>FINAL TOTALS</u>						
1,107,622.00	Count: 14	309,703.00	238,769.88	20,637.52	50,295.60	797,919.00

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: ADMINISTRATION  
 FUND: SUMMARY  
 Rate: 100% GENERAL FUND

Government of Guam  
 Fiscal Year 2008 Budget  
 Agency Current Staffing Pattern  
 As of: January 1, 2008

(BBMR SP-1)

Report by Department																				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)		
Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Time		Increment (E+G+H)	(E+F+G+H) Subtotal	Retirement (3% x G+H) (F74.6%)	Public (DBP) (E15.27 x H79%)	Social Security (6.2% x J)	Medicare (1.45% x J)	Life	Medical (P)		Dental (Q)	Total Benefits (R+S+Q)	(J+R) TOTAL
							Base	Allowance								Medical (Premium)	Dental (Premium)			
1	ADMIN001	Director	Alberto A. Labrador V	PL-17	74,208	-	-	425,000	-	74,208	18,181	-	-	9,398	1,091	174	2,075	334	22,879	47,284
2	ADMIN002	Chief Planner	Thomas C. Agnon	PL-14	34,862	-	-	227,000	-	34,862	8,276	-	-	428	174	2,075	334	20,419	46,144	
3	ADMIN004	Asst. Secretary II	Thomas C. Agnon	PL-9	34,862	-	-	227,000	-	34,862	8,276	-	-	428	174	2,075	334	20,419	46,144	
4	ADMIN005	Administrative Assistant	Maryann S. Corp	PL-9	34,862	-	-	227,000	-	34,862	8,276	-	-	428	174	2,075	334	20,419	46,144	
5	ADMIN006	Administrative Assistant	Maryann S. Corp	PL-9	34,862	-	-	227,000	-	34,862	8,276	-	-	428	174	2,075	334	20,419	46,144	
6	ADMIN003	Private Secretary	VACANT	PL-6	30,152	-	-	215,000	891	30,152	6,306	-	-	846	174	2,075	334	21,448	52,624	
Grand Total:				-	248,623	-	-	-	-	891	57,441	404	-	2,314	579	16,726	1,678	81,291	339,887	

Report by Department

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Report

**Government of Guam  
Fiscal Year 2008 Budget  
Agency Current Staffing Pattern  
As of: January 1, 2008**

**FUND: SUMMARY**  
**Rector: 100% GENERAL FUND**

[illegible]

FUND: SUMMARY  
 Rate: 100% GENERAL FUND

Report by Department																					
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	Report by Department					(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Increment		F-6-18.1 Subtotal (K * 74.07%)	Retirement Subtotal (K * 74.07%)	Retire (DBI) (\$15.57 * DBP-E)	Social Security (6.2% * N)	Benefits			Medical (Prevalence * ED)	Dental (Prevalence * ED)	Total Benefits (L-07N K)	(K + S) TOTAL	
								Date	(E * Annual)					Medicare (1.45% * K)	Life	Total					
1	PTP004	Planner III	Carlin A. Savarosa	N-15	\$ 43,343	\$ -	-	7/11/2009	\$ -	\$ 52,341	\$ 13,221	\$ -	\$ -	\$ 802	\$ 174	\$ 1,309	\$ -	\$ 156	\$ 15,845	\$ 71,186	
2	PTP005	Planner III	Monica J. Guerrero	N-14	\$ 40,346	\$ -	-	1/9/2009	\$ -	\$ 49,346	\$ 11,882	\$ 404	\$ -	\$ 716	\$ 174	\$ 1,292	\$ -	\$ 156	\$ 14,734	\$ 64,088	
3	PTP007	Planner III	James A. Guerrero	N-14	\$ 40,346	\$ -	-	12/21/2008	\$ -	\$ 43,670	\$ 12,870	\$ -	\$ -	\$ 778	\$ 174	\$ 1,785	\$ -	\$ 200	\$ 15,800	\$ 69,275	
4	PTP009	Data Control Clerk II	James C. Belling, Jr.	F-9	\$ 25,571	\$ -	-	3/2/2008	\$ 515	\$ 26,086	\$ 6,279	\$ -	\$ -	\$ 378	\$ 174	\$ 2,975	\$ -	\$ 234	\$ 10,140	\$ 36,236	

High Incumbent/Transfers to other's Compensation etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: LAND USE GIS PLANNING PROGRAM  
 FUND: SUMMARY  
 Basis: 100% Federally Funded under Coastal Zone Management Administration Grant

Government of Guam  
 Fiscal Year 2008 Budget  
 Agency Current Staffing Pattern  
 As of: January 1, 2008

[BMR SP-1]

Report by Department																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(I)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)		(S)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
No. Number	Position Title	Name of Incumbent	Grade/ Step	Salary	Overtime	Special	Increment		(P-C-H-J) Subtotal		Retirement (K * 74.07%)		Roth (10%) (\$15.57*66P+E)		Social Security (6.2% * K)		Medicare (1.45% * K)		Life (174 * E)		Medical (Premium * D)		Dental (Premium * E)		Total benefits (L thru R)		(K * S) TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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\* Night Differential/Standby Worker's Compensation/etc.



FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM  
 FUND: SUMMARY  
 Rate: 100% GENERAL FUND

Government of Guam  
 Fiscal Year 2008 Budget  
 Agency Current Staffing Pattern  
 As of: January 1, 2008

[BBWR SP-1]

Input by Department																											
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	Input by Department												
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Special*	Date	Increment (E*Amount)	(F+G+H+J) Subtotal	Retirement (K + 2.67%)	Redire (DD)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L,M,N,O,P,Q,R)	(K + S) TOTAL								
1	10910	Partner III	Matthew B. Eyrayan	M-13	\$47,095	0	0	01/01/2009	5	47,095	\$11,408	0	0	\$692	174	3,197	338	15,901	63,996								
2	500706	Partner III	Ernest E. Caceres	N-15	\$55,541	0	0	07/20/09	0	55,541	\$13,521	0	0	0	174	3,197	338	15,901	\$68,436								

\* Night Differential/Hazardous Worker's Compensation/etc.

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS  
 PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

FUND: SUMMARY  
 Ratio: 100% FEDERALLY FUNDED

Government of Guam  
 Fiscal Year 2008 Budget  
 Agency Current Staffing Pattern  
 As of: January 1, 2008

[BHRM SP-1]

Impact by Department																				
(A)		(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		(O)	(P)	(Q)	(R)	(S)
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Speciale	Date	Increment	(F+G+H+I)	Retirement (K * 24.07 %)	Retire (DDI)	Social Security (6.2 % * K)	Medicare (1.45 % * K)	Life	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (I, J, and R)	(K + S)	
1	GCMP001	Administrator	Evangeline C.D. Lujan	P-15	\$ 65,648	\$ -	-	8/1/2008	\$ 958	\$ 66,606	\$ 16,032	\$ -	\$ -	\$ 966	\$ 174	\$ 2,075	\$ 334	\$ 30,481	\$ 37,087	
2	GCMP002	Program Manager III	Ardita Delos	M-14	\$ 49,364	\$ -	-	8/1/2009	\$ -	\$ 49,364	\$ 11,802	\$ -	\$ -	\$ 716	\$ 174	\$ 18,577	\$ 258	\$ 18,537	\$ 65,691	
3	GCMP003	Program Coordinator III	Raymond V.C. Casares	M-13	\$ 47,695	\$ -	-	1/30/2008	\$ -	\$ 47,695	\$ 11,480	\$ -	\$ -	\$ 710	\$ 174	\$ 2,975	\$ 334	\$ 18,481	\$ 65,445	
4	GCMP004	Program Manager III	Thomas I. Quintana	M-10	\$ 43,018	\$ -	-	11/20/2008	\$ -	\$ 43,018	\$ 10,385	\$ -	\$ -	\$ 628	\$ 174	\$ 1,392	\$ 186	\$ 13,912	\$ 61,407	
5	GCMP005	Program Manager III	Esther A. Gonsales	M-13	\$ 47,695	\$ -	-	9/6/2008	\$ 126	\$ 47,821	\$ 11,480	\$ -	\$ -	\$ 632	\$ 174	\$ 1,785	\$ 200	\$ 13,609	\$ 66,413	
6	GCMP007	Program Manager III	Teresa M. Perez	M-13	\$ 47,695	\$ -	-	9/29/2009	\$ -	\$ 47,695	\$ 11,480	\$ -	\$ -	\$ 632	\$ 174	\$ 1,785	\$ 200	\$ 13,609	\$ 66,413	
7	GCMP008	Administrative Assistant	Nydia H. Lirio	L-9	\$ 31,268	\$ -	-	2/27/2008	\$ 983	\$ 32,251	\$ 8,224	\$ -	\$ -	\$ 492	\$ 174	\$ 2,075	\$ 334	\$ 15,655	\$ 43,380	
8	GCMP010	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
9	GCMP011	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
10	GCMP012	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
11	GCMP013	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
12	GCMP014	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
13	GCMP015	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
14	GCMP016	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
15	GCMP017	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
16	GCMP018	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
17	GCMP019	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
18	GCMP020	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
19	GCMP021	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
20	GCMP022	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
21	GCMP023	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
22	GCMP024	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
23	GCMP025	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
24	GCMP026	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
25	GCMP027	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
26	GCMP028	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
27	GCMP029	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
28	GCMP030	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
29	GCMP031	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
30	GCMP032	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
31	GCMP033	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
32	GCMP034	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
33	GCMP035	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
34	GCMP036	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
35	GCMP037	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
36	GCMP038	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
37	GCMP039	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
38	GCMP040	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
39	GCMP041	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
40	GCMP042	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
41	GCMP043	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
42	GCMP044	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
43	GCMP045	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
44	GCMP046	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
45	GCMP047	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
46	GCMP048	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
47	GCMP049	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
48	GCMP050	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
49	GCMP051	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
50	GCMP052	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
51	GCMP053	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
52	GCMP054	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
53	GCMP055	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
54	GCMP056	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
55	GCMP057	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
56	GCMP058	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
57	GCMP059	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
58	GCMP060	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
59	GCMP061	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
60	GCMP062	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
61	GCMP063	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
62	GCMP064	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$ -	\$ 385	\$ 174	\$ 1,097	\$ 233	\$ 11,210	\$ 43,799	
63	GCMP065	Program Manager II	VACANT	L-1	\$ 26,520	\$ -	-	-	\$ -	\$ 26,520	\$ 6,383	\$ -	\$							

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)

PLND: SUMMARY  
Rate: 100% Federally Funded

Government of Guam  
Fiscal Year 2008 Budget  
Agency Current Staffing Pattern  
As of: January 1, 2008

[BBMR SP-1]

Input by Department																				Input by Department			
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)					
No.	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Date	Increment	(P-G-H-I-J) Subtotal	Retirement (K * 24.07%)	Retire (DIO) (\$15.12 * 26P-E)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life (174 * E)	Medical (Premium * E)	Dental (Premium * E)	Total Benefits (L thru R)	(K * S) TOTAL					
1	BYRNE001	Palmer III	M-12	\$ 46,082	\$ -	\$ -	1/29/2008	\$ -	\$ 46,082	\$ 11,092	\$ -	\$ -	\$ 668	\$ 174	\$ 2,975	\$ 334	\$ 13,063	\$ 61,322					
2	BYRNE003	John E. Lora (corrected)	J-9	\$ 33,266	\$ -	\$ -	8/10/2008	\$ -	\$ 33,266	\$ 8,007	\$ -	\$ -	\$ 482	\$ 134	\$ 2,975	\$ 334	\$ 11,972	\$ 45,238					
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18																							
19		Lois E. Lora (corrected)	J-12	\$ 46,082	\$ -	\$ -	1/29/2008	\$ -	\$ 46,082	\$ 11,092	\$ -	\$ -	\$ 668	\$ 174	\$ 2,975	\$ 334	\$ 13,063	\$ 61,322					
20																							
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28																							
29																							
30																							
Grand Total				\$ 79,348	\$ -	\$ -		\$ -	\$ 79,348	\$ 19,099	\$ -	\$ -	\$ 1,151	\$ 348	\$ 5,950	\$ 668	\$ 27,216	\$ 106,564					
Night Differential/Standby/Worker's Compensation/etc.																							

\* High Differential/Standards Worker's Compensation.

AGENCY: BUREAU OF STATISTICS AND PLANS

**FUND: SUMMARY**  
Ratio: 100% Federally Funded

**Government of Guam  
Fiscal Year 2008 Budget  
Agency Current Staffing Pattern  
As of: January 1, 2008**

[BBMR SP-1]

Signed By Department																											Signed By Department																										
(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(I)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)		(S)																	
No.	Position Number	Position Title	Name of Incumbent	Grade/Step	Salary	Overtime	Specialty	Date	Increment	(F+G+H+I) Subtotal	Retirement (K * 2.07%)	Retire (DD)	Social Security (L * 6.2% + K)	Medicare (N * 1.45% + K)	Life	Medical (P * Premium * R)	Dental (Q * Premium * R)	Total Benefits (R * 4.5%) TOTAL	(S)																																		
1	IFV001	Keypunch Operator I	Emily M.C. Tolano	E-5	\$ 20,830	\$ -	\$ -	9/26/2008	\$ -	\$ 20,830	\$ 5,011	\$ 404	\$ -	\$ 302	\$ 174	\$ -	\$ 2,973	\$ 334	\$ 9,300	\$ 30,000																																	
2	IFV002	Data Control Clerk II	Peter Leon Guerrero	F-5	\$ 22,084	\$ -	\$ -	8/11/2008	\$ -	\$ 22,084	\$ 5,206	\$ 404	\$ -	\$ 330	\$ 174	\$ -	\$ 1,992	\$ 156	\$ 7,333	\$ 28,796																																	
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Grand Total:					\$ 42,864	\$ -	\$ -		\$ -	\$ 42,864	\$ 10,217	\$ 800	\$ -	\$ 622	\$ 348	\$ 4,367	\$ 490	\$ 16,952	\$ 59,816																																		
Night Differential/Shadow Worker's Compensation/etc.																																																					

**Government of Guam  
Fiscal Year 2008 Budget  
Agency Current Staffing Pattern  
As of: January 1, 2008**

**FUND: SUMMARY**  
 1. AGENCY: GOVERNMENTAL DISABILITIES COUNCIL, 100% FEDERALLY FUNDED  
 Ratio: 100 % Federally Funded

Report by Department																				
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)		(O)	(P)		(Q)	(R)	(S)
Position Number	Position Title	Name of Incumbent	Grade Step	Salary	Overtime	Spending	Date	Increment (Per Annum)	(P-C-H-I-J) Subtotal	Retirement (K * 94.07%)	Retire (DDI)	Social Security (6.2% * K)	Medicare (1.45% * K)	Life	Medical (Premium * B)	Dental (Premium * B)	Total Benefits (L, M, N, R)	(K * S)	TOTAL	
1	Director, DDC	Mark C. Tiedeman-Doria	P-10	\$85,274	\$0	\$0	4/29/2009	\$0	\$85,274	\$13,364	\$464	\$0	\$801	\$174	\$2,063	\$233	\$7,009	\$77,244	\$77,244	
2	Program Coordinator IV	VACANT	N-7	41,936	0	0		0	41,936	\$9,099	\$464	0	\$608	\$174	\$2,063	\$233	\$1,081	\$4,837	0	
3	Program Coordinator I		K-8	0	0	0		0	0	\$0	0	0	0	0	0	0	0	0	0	
4																				
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Grand Total:				\$97,210	\$0	\$0		\$0	\$97,210	\$12,803	\$566	\$0	\$1,416	\$348	\$4,166	\$466	\$30,001	\$127,211		
Night Differential/Hazardous/Worker's Compensation/etc.																				

FUNCTIONAL AREA: EXECUTIVE DIRECTION  
 AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

FUND: SUMMARY

Ratio: 100% Federally Funded

Government of Guam  
 Fiscal Year 2008 Budget  
 Agency Current Staffing Pattern  
 As of: January 1, 2008

[BHRM SP-41]

(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(I)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)		(S)	
Position Number		Position Title		Name of Incumbent		Grade/Step		Salary		Overhead		Special		Date of Increment		Increment		F+G+H+J Subtotal		Retirement (F+G+H+J) Subtotal		Retiree (DDI)		Social Security (6.2% * N)		Medicare (1.45% * K)		Life		Medical (Premium * E)		Dental (Premium * E)		Total Benefits (L, M, N, O, P, Q, R)		(K + S)	
1	GDH 901	Director, DDC		Marcel C. Torres	John	F-10		\$55,274		\$0		\$0		4/30/2009		\$0		\$55,274		\$13,304		\$466		\$0		\$0		\$174		\$2,083		\$233		\$17,090		\$72,274	
2	GDH 902	Program Coordinator IV		VACANT		N-7		41,536		\$0		\$0				\$0		41,536		\$7,409		\$466		\$0		\$0		\$174		\$2,083		\$233		\$17,090		\$72,274	
3	DDC 904	Program Coordinator I				K-8				\$0		\$0				\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
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Grand Total:								\$97,210		\$0		\$0				\$0		\$97,210		\$12,303		\$808		\$0		\$1,410		\$188		\$4,166		\$466		\$20,381		\$127,211	

\* Night Differential/Hazardous Duty Pay/Compensation, etc.





<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>		OMB APPROVAL NO. <b>0348-0004</b>		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST  <input type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>U.S. DEPT. OF INTERIOR/ Off. of Insular Affairs</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>CRI-GU-05</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  <b>93005113-02</b>
6. EMPLOYER IDENTIFICATION NUMBER  <b>98-0018947</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  <b>5101H050930EI113</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>10/01/07</b> TO (month, day, year) <b>12/31/07</b>		
9. RECIPIENT ORGANIZATION  <b>Name: BUREAU OF STATISTICS AND PLANS</b>  <b>Number and Street: P.O. BOX 2950</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>		10. PAYEE (Where check is to be sent if different than item 9)  <b>Name: TREASURER OF GUAM</b>  <b>Number and Street: P.O. BOX 884</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>		


11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i> <b>12/31/2007</b>	\$ 327,786.08	\$	\$	\$ 327,786.08
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	327,786.08	0.00	0.00	327,786.08
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	327,786.08	0.00	0.00	327,786.08
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	327,786.08			327,786.08
h. Federal payments previously requested	314,521.47			314,521.47
i. Federal share now requested (Line g minus line h)	13,264.61	0.00	0.00	13,264.61
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL  	DATE REQUEST SUBMITTED  <b>January 21, 2008</b>
	TYPED OR PRINTED NAME AND TITLE <b>ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans</b>	TELEPHONE (AREA CODE, NUMBER, EXTENSION) <b>671-472-4201</b>

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*9/14/08*  
*mlg*

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>		OMB APPROVAL NO. <b>0348-0004</b>		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST  <input type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED  <b>U.S. DEPT. OF INTERIOR/ Off. of Insular Affairs</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>CRI-GU-05</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST  <b>93005113-02</b>
6. EMPLOYER IDENTIFICATION NUMBER  <b>98-0018947</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  <b>5101H050930E1113</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>10/01/07</b> TO (month, day, year) <b>12/31/07</b>		
9. RECIPIENT ORGANIZATION  <b>Name: BUREAU OF STATISTICS AND PLANS</b>  <b>Number and Street: P.O. BOX 2950</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>		10. PAYEE (Where check is to be sent if different than Item 9)  <b>Name: TREASURER OF GUAM</b>  <b>Number and Street: P.O. BOX 884</b>  <b>City, State and ZIP Code: HAGATNA, GUAM 96932</b>		


11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i> <b>12/31/2007</b>	\$ 327,786.08	\$	\$	\$ 327,786.08
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	327,786.08	0.00	0.00	327,786.08
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	327,786.08	0.00	0.00	327,786.08
f. Non-Federal share of amount on line e	0.00			0.00
g. Federal share of amount on line e	327,786.08			327,786.08
h. Federal payments previously requested	314,521.47			314,521.47
i. Federal share now requested (Line g minus line h)	13,264.61	0.00	0.00	13,264.61
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED <b>January 21, 2008</b>
	TYPED OR PRINTED NAME AND TITLE <b>ALBERTO A. LAMORENA V, Director Bureau of Statistics and Plans</b>	TELEPHONE (AREA CODE, NUMBER, EXTENSION) <b>671-472-4201</b>

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9/14/08  
may

# FINANCIAL STATUS REPORT

(Short Form)


(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. DEPARTMENT OF INTERIOR OFFICE OF INSULAR AFFAIRS / NOAA</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <div style="text-align: center;"><b>CRI - GU - 5</b></div> <div style="text-align: center; font-size: small;">2005 Coral Reef Initiative</div>		OMB Approval No. <div style="text-align: center;"><b>1121-0264</b></div> Expires: 01/31/2006		Page of <div style="text-align: center;">1 / 1</div> pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <div style="text-align: center;"><b>98-0018947</b></div>		5. Recipient Account Number or Identifying Number <div style="text-align: center;"><b>5101H050930EI113</b></div>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <div style="text-align: center;"><b>11/01/04</b></div>		To: (Month, Day, Year) <div style="text-align: center;"><b>07/31/08</b></div>		9. Period Covered by this Report From: (Month, Day, Year) <div style="text-align: center;"><b>10/1/2007</b></div>		To: (Month, Day, Year) <div style="text-align: center;"><b>12/31/2007</b></div>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				314,521	13,265	327,786	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				314,521	13,265	327,786	
d. Total unliquidated obligations						154,986	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						154,986	
g. Total Federal share (Sum of lines e and f)						482,772	
h. Total Federal funds authorized for this funding period						483,196	
i. Unobligated balance of Federal funds (Line h minus line g)						424	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> Bureau of Statistics and Plans					Telephone (Area code, number and extension) <div style="text-align: center;"><b>1- 671- 472 -4201</b></div>		
Signature of Authorized Certifying Official 					Date Report Submitted <div style="text-align: center; font-size: large;"><b>JAN 24 2008</b></div>		

1/21/08

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <b>2007-CD-BX-0061</b>		OMB Approval No. <b>1121-0264</b> Expires: 01/3/2006	Page <b>1</b>	of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number <b>980017947</b>		5. Recipient internal code or Identifying Number (if any) <b>5101E080933PA101</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2007</b>			9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b>			
			To: (Month, Day, Year) <b>12/31/2007</b>			
10. Transactions:		I Previously Reported		II This Period		III Cumulative
a. Total outlays		\$0.00		\$0.00		\$0.00
b. Recipient Share of outlays		\$0.00		\$0.00		\$0.00
c. Federal share of outlays		\$0.00		\$0.00		\$0.00
d. Total unliquidated obligations						\$86,940.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$86,940.00
g. Total Federal share (Sum of Lines c and f)						\$86,940.00
h. Total Federal funds authorized for this funding period						\$96,594.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$9,654.00
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate <b>0.00%</b>	c. Base <b>\$0.00</b>	d. Total Amount <b>\$0.00</b>		e. Federal Share <b>\$0.00</b>	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00		C. Forfeit		\$0.00
B. Federal Funds Subgranted		\$0.00		D. Other		\$0.00
				E. Expended		\$0.00
				F. Unexpended		\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Mr. ALBERTO A LAMORENA Other Director</b>				Telephone (Area code, number and extension) <b>(671) 472-4201</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>01/18/2008</b>		

DOJ Standard Form 269a (REV 2002)

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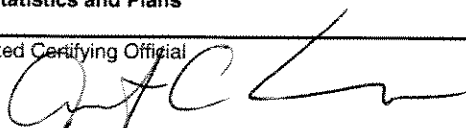
May 2005

*01/21/08 mly*

# FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2007-CD-BX-0061</b>  <small>2007 Paul Coverdell Forensic Imp. Grant</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101E080933PA101</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/06</b>		To: (Month, Day, Year) <b>09/30/08</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/07</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						86,940	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						86,940	
g. Total Federal share (Sum of lines c and f)						86,940	
h. Total Federal funds authorized for this funding period						91,015	
i. Unobligated balance of Federal funds (Line h minus line g)						4,075	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, ACTING DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2007-RT-BX-0056		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P. O. Box 2950 Hagatna, GU 96932-						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2006 To: (Month, Day, Year) 09/30/2010			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 12/31/2007			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$38,567.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$38,567.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00	e. Federal Share  \$0.00		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
B. Federal Funds Subgranted \$0.00			E. Expended \$0.00		F. Unexpended \$0.00	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted  01/20/2008		

DOJ Standard Form 269a (REV 2002)

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Printed by GMS on 01/20/2008 09:15 PM

May 2005

*Q-1-2-10x* *mlg*

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)


1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2007-RT-BX-0056</b>  2007 RSAT		OMB Approval No. <b>1121-0264</b>  Expires: 01/31/2006		Page of <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2010</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						0	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (Sum of lines c and f)						0	
h. Total Federal funds authorized for this funding period						38,567	
i. Unobligated balance of Federal funds (Line h minus line g)						38,567	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

4 mly  
11/21/08



# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <b>2007-GP-CX-0028</b>		OMB Approval No. <b>1121-0264</b> Expires: 01/3/2006	Page <b>1</b>	of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-						
4. Vendor Number <b>980017947</b>		5. Recipient internal code or Identifying Number (if any) <b>5101H070920SE102</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>09/01/2007</b> To: (Month, Day, Year) <b>08/31/2010</b>			9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b> To: (Month, Day, Year) <b>12/31/2007</b>			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$50,318.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$50,318.00	
g. Total Federal share (Sum of Lines c and f)					\$50,318.00	
h. Total Federal funds authorized for this funding period					\$55,909.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$5,591.00	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate <b>0.00%</b>		c. Base <b>\$0.00</b>		d. Total Amount <b>\$0.00</b>		e. Federal Share <b>\$0.00</b>
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough <b>\$0.00</b>			C. Forfeit <b>\$0.00</b>		D. Other <b>\$0.00</b>	
B. Federal Funds Subgranted <b>\$0.00</b>			E. Expended <b>\$0.00</b>		F. Unexpended <b>\$0.00</b>	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Mr. Alberto A Lamorena V Director</b>				Telephone (Area code, number and extension) <b>(671) 472-4201</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>01/20/2008</b>		

DOJ Standard Form 269a (REV 2002)

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

*a. 1/21/08 mly*

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2007-GP-CX-0028</b>  <small>2006 Project Safe Neighborhoods</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H070920SE102</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>09/01/07</b>		To: (Month, Day, Year) <b>08/30/10</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						50,318	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						50,318	
g. Total Federal share (Sum of lines c and f)						50,318	
h. Total Federal funds authorized for this funding period						55,909	
i. Unobligated balance of Federal funds (Line h minus line g)						5,591	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2007-DJ-BX-0063		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947	5. Recipient internal code or Identifying Number (if any)  5101H070920EI108		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2006                      09/30/2010			9. Period Covered by this Report From: (Month, Day, Year)      To: (Month, Day, Year) 10/01/2007                      12/31/2007			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$606,764.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$606,764.00	
g. Total Federal share (Sum of Lines c and f)					\$606,764.00	
h. Total Federal funds authorized for this funding period					\$1,132,013.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$525,249.00	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00		e. Federal Share  \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           A. Block/Formula passthrough      \$0.00            B. Federal Funds Subgranted      \$0.00         </div> <div style="width: 45%;">           PROGRAM INCOME:             C. Forfeit      \$0.00      D. Other      \$0.00            E. Expended      \$0.00      F. Unexpended      \$0.00         </div> </div>						
13. Certification    I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V    Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted  01/20/2008		

DOJ Standard Form 269a (REV 2002)

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*Handwritten:* A. Lamorena

# FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2007-DJ-BX-0063</b>  <small>2007 Byrne Justice Assistance Grant</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H0709205[108]</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2010</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0	0	0	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				0	0	0	
d. Total unliquidated obligations						606,764	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						606,764	
g. Total Federal share (Sum of lines c and f)						606,764	
h. Total Federal funds authorized for this funding period						1,132,013	
i. Unobligated balance of Federal funds (Line h minus line g)						525,249	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <b>2006-GP-CX-0059</b>		OMB Approval No. <b>1121-0264</b> Expires: 01/3/2006	Page <b>1</b>	of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number <b>980017947</b>		5. Recipient internal code or Identifying Number (if any) <b>5101H070920SE101</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2006</b>			9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b>			
			To: (Month, Day, Year) <b>09/30/2009</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$0.00	\$158.00	\$158.00
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$0.00	\$158.00	\$158.00
d. Total unliquidated obligations						\$68,643.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$68,643.00
g. Total Federal share (Sum of Lines c and f)						\$68,801.00
h. Total Federal funds authorized for this funding period						\$73,334.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$4,533.00
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate <b>0.00%</b>	c. Base <b>\$0.00</b>	d. Total Amount <b>\$0.00</b>	e. Federal Share <b>\$0.00</b>	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other <b>\$0.00</b>
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended <b>\$0.00</b>
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Mr. Alberto A Lamorena V Director</b>				Telephone (Area code, number and extension) <b>(671) 472-4201</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>01/20/2008</b>		


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# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)


1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2006-GP-CX-0059</b>  2006 Project Safe Neighborhoods		OMB Approval No. <b>1121-0264</b>		Page of <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <b>BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932</b>  <b>QUARTERLY REPORT</b>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H070920SE101</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/06</b>		To: (Month, Day, Year) <b>09/30/09</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported		II This Period	
a. Total outlays				0		158	
b. Recipient share of outlays				0		0	
c. Federal share of outlays				0		158	
d. Total unliquidated obligations						68,643	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						68,643	
g. Total Federal share (Sum of lines c and f)						68,801	
h. Total Federal funds authorized for this funding period						73,334	
i. Unobligated balance of Federal funds (Line h minus line g)						4,533	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans</b>				Telephone (Area code, number and extension) <b>1- 671- 472 -4201</b>			
Signature of Authorized Certifying Official 				Date Report Submitted <b>JAN 24 2008</b>			

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# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP <b>2006-DJ-BX-0017</b>		OMB Approval No. <b>1121-0264</b> Expires: 01/3/2006	Page <b>1</b>	of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number <b>980017947</b>		5. Recipient internal code or Identifying Number (if any) <b>5101H060920EI108</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/2005</b> To: (Month, Day, Year) <b>09/30/2009</b>			9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b> To: (Month, Day, Year) <b>12/31/2007</b>			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$42,525.00	\$70,605.00	\$113,130.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$42,525.00	\$70,605.00	\$113,130.00	
d. Total unliquidated obligations					\$463,328.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$463,328.00	
g. Total Federal share (Sum of Lines c and f)					\$576,458.00	
h. Total Federal funds authorized for this funding period					\$730,000.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$153,542.00	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate <b>0.00%</b>		c. Base <b>\$0.00</b>		d. Total Amount <b>\$0.00</b>		e. Federal Share <b>\$0.00</b>
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other <b>\$0.00</b>
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended <b>\$0.00</b>
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title <b>Mr. Alberto A Lamorena V Director</b>				Telephone (Area code, number and extension) <b>(671) 472-4201</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>01/20/2008</b>		

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Printed by GMS on 01/20/2008 10:40 PM

May 2005

*Handwritten:* 9/24/08 mly



# FINANCIAL STATUS REPORT


(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2006-DJ-BX-0017</b>  <small>2006 Byrne Justice Assistance Grant</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H060920E1108</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/05</b>		To: (Month, Day, Year) <b>09/30/09</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b>		To: (Month, Day, Year) <b>12/31/07</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				42,525	70,605	113,130	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				42,525	70,605	113,130	
d. Total unliquidated obligations						463,328	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						463,328	
g. Total Federal share (Sum of lines c and f)						576,458	
h. Total Federal funds authorized for this funding period						730,000	
i. Unobligated balance of Federal funds (Line h minus line g)						153,542	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)


1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2006-RT-BX-0059		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H060920SE107		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2005			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007			
					To: (Month, Day, Year) 12/31/2007	
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$39,891.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$39,891.00	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate  0.00%		c. Base  \$0.00		d. Total Amount  \$0.00		e. Federal Share  \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
B. Federal Funds Subgranted \$0.00			E. Expended \$0.00		F. Unexpended \$0.00	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted  01/20/2008		

DOJ Standard Form 269a (REV 2002)

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

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May 2005

9/12/08 

# FINANCIAL STATUS REPORT

(Short Form)


(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2006-RT-BX-0059</b>  2006 RSAT	OMB Approval No. <b>1121-0264</b>  Expires: 01/31/2006	Page of <b>1 / 1</b>  pages
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932</b> </div> <div> <b>QUARTERLY REPORT</b> </div> </div>			
4. Employer Identification Number <b>98-0017947</b>	5. Recipient Account Number or Identifying Number <b>5101H060920SE107</b>	6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/05</b>	To: (Month, Day, Year) <b>09/30/09</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/07</b>	To: (Month, Day, Year) <b>12/31/07</b>
10. Transactions:		I Previously Reported	II This Period
a. Total outlays		0	0
b. Recipient share of outlays		0	0
c. Federal share of outlays		0	0
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds (Line h minus line g)		<b>39,891</b>  <b>39,891</b>	
11. Indirect expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.			
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans</b>		Telephone (Area code, number and extension) <b>1- 671- 472 -4201</b>	
Signature of Authorized Certifying Official 		Date Report Submitted <b>JAN 24 2008</b>	

*mlp*  
*01/24/08*

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2005-RT-BX-0054		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H050920SE107		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004			To: (Month, Day, Year) 09/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007	
					To: (Month, Day, Year) 12/31/2007	
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$734.00	\$264.00	\$998.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$734.00	\$264.00	\$998.00	
d. Total unliquidated obligations					\$134,564.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$134,564.00	
g. Total Federal share (Sum of Lines c and f)					\$135,562.00	
h. Total Federal funds authorized for this funding period					\$135,913.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$351.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate  0.00%	c. Base  \$0.00	d. Total Amount  \$0.00	e. Federal Share  \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
B. Federal Funds Subgranted \$0.00			E. Expended \$0.00		F. Unexpended \$0.00	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted  01/20/2008		

DOJ Standard Form 269a (REV 2002)

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May 2005

# FINANCIAL STATUS REPORT

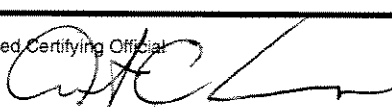
(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2005-RT-BX-0054</b>  2005 RSAT		OMB Approval No. <b>1121-0264</b>  Expires: 01/31/2006		Page of <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H050920SE107</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/04</b>		To: (Month, Day, Year) <b>09/30/08</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/07</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				734	264	998	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				734	264	998	
d. Total unliquidated obligations						134,564	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						134,564	
g. Total Federal share (Sum of lines c and f)						135,562	
h. Total Federal funds authorized for this funding period						135,913	
i. Unobligated balance of Federal funds (Line h minus line g)						351	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
12. Remarks: <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>							
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.</b>							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2005-DJ-BX-0071		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H050920EI108		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007			
To: (Month, Day, Year) 09/30/2008			To: (Month, Day, Year) 12/31/2007			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$425,663.00	\$67,891.00	\$493,554.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$425,663.00	\$67,891.00	\$493,554.00	
d. Total unliquidated obligations					\$692,222.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$692,222.00	
g. Total Federal share (Sum of Lines c and f)					\$1,185,776.00	
h. Total Federal funds authorized for this funding period					\$1,238,750.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$52,974.00	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
B. Federal Funds Subgranted \$0.00			E. Expended \$0.00		F. Unexpended \$0.00	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 01/20/2008		

DOJ Standard Form 269a (REV 2002)

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May 2005

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# FINANCIAL STATUS REPORT

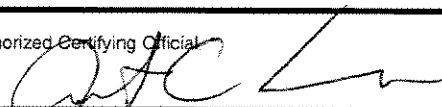
(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2005-DJ-BX-0071</b>  <small>2005 Byrne Justice Assistance Grant</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H050920EI108</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/04</b>		To: (Month, Day, Year) <b>09/30/08</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				425,663	67,891	493,554	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				425,663	67,891	493,554	
d. Total unliquidated obligations						692,222	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						692,222	
g. Total Federal share (Sum of lines c and f)						1,185,776	
h. Total Federal funds authorized for this funding period						1,238,750	
i. Unobligated balance of Federal funds (Line h minus line g)						52,974	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2004-GP-CX-0701		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans Post Office Box 2950 Hagatna, GU 96932-0000						
4. Vendor Number  980017947		5. Recipient internal code or Identifying Number (if any)  5101H050920SE101		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2004			To: (Month, Day, Year) 09/30/2008			
9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007			To: (Month, Day, Year) 12/31/2007			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$161,403.00	\$57,572.00	\$218,975.00		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$161,403.00	\$57,572.00	\$218,975.00		
d. Total unliquidated obligations				\$135,014.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$135,014.00		
g. Total Federal share (Sum of Lines c and f)				\$353,989.00		
h. Total Federal funds authorized for this funding period				\$362,038.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$8,049.00		
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box)  <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00		C. Forfeit		\$0.00
B. Federal Funds Subgranted		\$0.00		D. Other		\$0.00
				E. Expended		\$0.00
				F. Unexpended		\$0.00
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 01/20/2008		

DOJ Standard Form 269a (REV 2002)

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May 2005


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# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

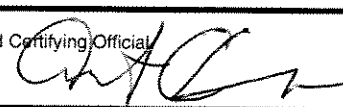
1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2004-GP-CX-0701</b>  <small>2004 Project Safe Neighborhoods</small>		OMB Approval No. <b>1121-0264</b>		Page of <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H050920SE101</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/04</b>		To: (Month, Day, Year) <b>09/30/07</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				161,403	57,572	218,975	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				161,403	57,572	218,975	
d. Total unliquidated obligations						135,014	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						135,014	
g. Total Federal share (Sum of lines c and f)						353,989	
h. Total Federal funds authorized for this funding period						362,038	
i. Unobligated balance of Federal funds (Line h minus line g)						8,049	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted  <b>JAN 24 2008</b>		

1/24/08

mlg

# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted  <b>U.S Dept. of Justice Office of Justice Programs (OJP)</b>		2. Grant or Award Number Assigned by OJP  2004-DB-BX-0054		OMB Approval No.  1121-0264  Expires: 01/3/2006	Page  1	of  1  pages
3. Recipient Organization (Name and complete address, including ZIP code) Guam Bureau of Statistics and Plans P.O. Box 2950 Hagatna, GU 96932-2950						
4. Vendor Number  980017947		5. Recipient Internal code or Identifying Number (if any)  5101H040920EI108		6. Final Report  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis  <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/01/2003 To: (Month, Day, Year) 09/30/2008			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 12/31/2007			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$1,217,834.00	\$38,161.00	\$1,255,995.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$1,217,834.00	\$38,161.00	\$1,255,995.00	
d. Total unliquidated obligations					\$144,339.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$144,339.00	
g. Total Federal share (Sum of Lines c and f)					\$1,400,334.00	
h. Total Federal funds authorized for this funding period					\$1,404,775.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$4,441.00	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed</div>						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough \$0.00			C. Forfeit \$0.00		D. Other \$0.00	
B. Federal Funds Subgranted \$0.00			E. Expended \$0.00		F. Unexpended \$0.00	
13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title  Mr. Alberto A Lamorena V Director				Telephone (Area code, number and extension)  (671) 472-4201		
Signature of Authorized Certifying Official 				Date Report Submitted 01/20/2008		

DOJ Standard Form 269a (REV 2002)

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May 2005

*Q 12/10/08 mly*

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>U.S. Department of Justice Office of Justice Programs</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>2004-DB-BX-0054</b>  <small>2004 Byrne Formula Grant</small>		OMB Approval No.  <b>1121-0264</b>		Page of  <b>1 / 1</b>  pages	
3. Recipient Organization (Name and complete address, including ZIP code)  <div style="display: flex; justify-content: space-between;"> <div> <b>BUREAU OF STATISTICS AND PLANS</b>  <b>P.O. BOX 2950</b>  <b>HAGATNA, GUAM 96932</b> </div> <div style="text-align: right;"> <b>QUARTERLY REPORT</b> </div> </div>							
4. Employer Identification Number <b>98-0017947</b>		5. Recipient Account Number or Identifying Number <b>5101H040920EI108</b>		6. Final Report <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/01/03</b>		To: (Month, Day, Year) <b>09/30/07</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/01/2007</b>		To: (Month, Day, Year) <b>12/31/2007</b>	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				1,217,833	38,162	1,255,995	
b. Recipient share of outlays				0	0	0	
c. Federal share of outlays				1,217,833	38,162	1,255,995	
d. Total unliquidated obligations						144,339	
e. Recipient share of unliquidated obligations						0	
f. Federal share of unliquidated obligations						144,339	
g. Total Federal share (Sum of lines c and f)						1,400,334	
h. Total Federal funds authorized for this funding period						1,404,775	
i. Unobligated balance of Federal funds (Line h minus line g)						4,441	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
		b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.							
Typed or Printed Name and Title <b>ALBERTO A. LAMORENA V, DIRECTOR</b> <b>Bureau of Statistics and Plans</b>					Telephone (Area code, number and extension)  <b>1- 671- 472 -4201</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>JAN 24 2008</b>		

*0.1.1.108 mly*